

INCREASE RURAL ACCESS TO VETERAN HEALTH CARE

Over 9 million veterans¹ rely on health care services from nearly 1,700 Department of Veterans Affairs (VA) medical facilities nationwide.² Following recent actions to expand health care options for veterans living in rural and underserved areas, Congress must ensure that such programs are as efficient and easy to utilize as possible.

BACKGROUND

The Government Accountability Office (GAO) has included VA health care in its annual *High-Risk List* since 2015.³ Longstanding administrative mismanagement, such as months-long waiting periods, and geographical barriers in access to care continue to plague the VA.^{4,5} Approximately 33 percent of veterans receiving VA coverage live in rural areas.⁶

Veterans are particularly vulnerable to historic challenges of medical shortages in rural areas. A December 2019 GAO report, for example, found that while veterans lived in rural areas at a higher rate compared to the rest of the population, only 27 percent of veterans in rural areas with an opioid use disorder received medication-assisted treatment, compared to 34 percent in urban areas.⁷

Overall, the population of rural veterans, who must generally travel longer distances to receive VA care, tend to register as older, sicker, and poorer than their urban counterparts, according to the VA.^{8,9}

In recent years, Congress and the Trump administration have expanded telehealth services to provide greater access to care for veterans living in remote or rural areas.^{10,11} Telehealth generally refers to an alternative type of health care delivery provided via electronic information technology outside of in-person, brick-and-mortar health care facilities.¹²

The 115th Congress enacted the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 into law, which required the VA to consolidate community care programs into a single program.¹³ The law also authorized the VA to provide telehealth services across state lines.

In August 2017, the White House, the Veterans Health Administration (VHA), and the DOJ launched the joint ‘Anywhere to Anywhere’ initiative to provide veteran patients with the ability to access VA telehealth services from a VA provider located outside VA medical facilities.^{14,15}

In November 2019, the VA reported over 900,000 veterans utilized VA telehealth services within the first year of the initiative—a 17 percent increase.¹⁶ Additionally, use of VA Video Connect, which connects veterans “to their care teams through a secure video session,” increased by over 235 percent, with about 99,000 veterans using the app from home.¹⁷

Quick Take

Over 9 million veterans rely on health care services across 1,700 VA medical facilities nationwide. Approximately 33 percent of veterans receiving VA coverage live in rural areas, and experience higher barriers to treatment.

Congress may consider additional actions to improve access for veterans in rural and underserved areas.

The VA MISSION Act may have unintentionally limited authorized health care professionals to doctors, omitting a large population of medical residents, fellows, interns, and other trainees who are otherwise responsible for providing care from utilizing the telehealth service system.^{18,19} H.R. 3228, the VA MISSION Telemedicine Clarification Act, would amend the law to provide such authorization to certain supervised VA trainees.

CONSTITUTIONAL AUTHORITY AND REPUBLICAN PRINCIPLES

The Constitution authorizes Congress to “make all laws which shall be necessary and proper” to provide for the general welfare. Republicans support commonsense reforms that provide veterans access to quality health care coverage.

POLICY SOLUTIONS

Congress should build on the VA MISSION Act by passing H.R. 3228, the VA MISSION Telemedicine Clarification Act of 2019. H.R. 3228 would authorize trainees to utilize the VA’s Anywhere to Anywhere telehealth program under supervision of a credentialed VA medical professional.²⁰

Please contact Cameron Smith or Kelsey Wall with the Republican Policy Committee at (202) 225-4921 with any questions.

¹ U.S. Department of Veterans Affairs (VA), *FY2020 Budget In Brief*, 2020 Congressional Submission, pg. BiB-3, 10. <https://www.va.gov/budget/docs/summary/fy2020VAbudgetInBrief.pdf>.

² “Chapter 17 of Title 38, U.S.C., requires the VA to provide health care services to eligible veterans through the Veterans Health Administration (VHA) of the VA, which is one of the largest integrated health care systems in the United States.” Victoria L. Elliott, Cong. Research Serv., R45834 *Department of Veterans Affairs (VA): A Primer on Telehealth*, (2019), <https://fas.org/sgp/crs/misc/R45834.pdf>.

³ U.S. Gov’t Accountability Office (heretofore GAO), *High-Risk List, Summary Page: Managing Risks and Improving VA Health Care*, (2019), https://www.gao.gov/highrisk/managing_risks_improving_va_health_care/why_did_study.

⁴ Examples include Senator Johnny Isakson, “Veterans Healthcare,” remarks in the Senate, Congressional Record, daily edition, vol. 163, part 209 (December 21, 2017), p. S8194; and Representative Jeff Fortenberry, “Year-End Report,” remarks in the House, Congressional Record, daily edition, vol. 165, part 4 (January 9, 2019), p. H353. Victoria L. Elliott, Cong. Research Serv., R45834 *Department of Veterans Affairs (VA): A Primer on Telehealth*, (2019), <https://fas.org/sgp/crs/misc/R45834.pdf>.

⁵ In 2019, the House Committee on Veterans Affairs held a hearing to assess the VA’s progress on addressing delays in VA care. A witness from the Government Accountability Office (GAO) testified that the VA includes only a portion of the appointment-scheduling process in tracking wait times. Debra A. Draper, Director, Health Care, GAO, *Veterans Health Care: Opportunities Remain to improve Appointment Scheduling within VA and through Community Care*, Testimony before the U.S. House Committee on Veterans’ Affairs (2019), <https://www.gao.gov/assets/710/700574.pdf> and House Comm. On Veterans’ Affairs, Full Cmte. Hearing, *True Transparency? Assessing Wait Times Five Years After Phoenix* (2019), <https://veterans.house.gov/events/hearings/full-committee-hearing-true-transparency-assessing-wait-times-five-years-after-phoenix>

⁶ *Supra* at 1, pg. BiB-10, 16.

⁷ Gov’t Accountability Off., GAO-20-35, *Veterans Health Care: Services for Substance Use Disorders, and Efforts to Address Access Issues in Rural Areas*, (2019), at <https://www.gao.gov/assets/710/702940.pdf>.

⁸ According to the VA, 56 percent of the rural veteran population is over age 65, 52 percent earn less than \$35,000 annually, and experience “a greater number of co-morbidities” compared to their urban counterparts. Dep’t of Veterans’ Affairs, *FY2020 Funding and FY2021 Advance Appropriations, Volume II Medical Programs and Information Technology Programs*, p. VHA-127 <https://www.va.gov/budget/docs/summary/fy2020VAbudgetVolumeIImedicalProgramsAndInformationTechnology.pdf>.

⁹ Victoria L. Elliott, Cong. Research Serv., R45834 *Department of Veterans Affairs (VA): A Primer on Telehealth*, (2019), <https://fas.org/sgp/crs/misc/R45834.pdf>.

¹⁰ Telehealth is distinguished from telemedicine as “it refers to a broader scope of remote healthcare services,” such as “remote non-clinical services,” as well as “provider training, administrative meetings, and continuing medical education, in addition to clinical services.” Off. of the National Coordinator, Health Information Technology, Office of the Secretary, Dep’t. of Health and

Human Services, *FAQ: What is telehealth? How is telehealth different from telemedicine?*, Oct. 17, 2019, <https://www.healthit.gov/faq/what-telehealth-how-telehealth-different-telemedicine>.

¹¹ National Public Radio, *Department of Veterans Affairs Thinks Telehealth Clinics May Help Vets in Rural Areas*, (2019), <https://www.npr.org/2019/11/25/782732908/department-of-veterans-affairs-thinks-telehealth-clinics-may-help-vets-in-rural->.

¹² Victoria L. Elliott, Cong. Research Serv., R45834 *Department of Veterans Affairs (VA): A Primer on Telehealth*, (2019), <https://fas.org/sgp/crs/misc/R45834.pdf>.

¹³ Pub. L. No. 115-182.

¹⁴ Dep't. of Veterans' Affairs, Veterans Health Administration, Off. of Rural Health, *Telehealth Fact Sheet*, March 2019, https://www.ruralhealth.va.gov/docs/ORH_Telehealth_Fact_Sheet.pdf.

¹⁵ Dep't. of Veterans' Affairs, Off. of Public and Intergovernmental Affairs, press release, *VA Expands Telehealth by Allowing Health Care Providers to Treat Patients Across State Lines*, May 11, 2018, <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=4054>.

¹⁶ Dep't. of Veterans' Affairs, Off. of Public and Intergovernmental Affairs, press release, *VA Reports Significant Increase in Veteran Use of Telehealth Services*, Nov. 22, 2019, <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5365>.

¹⁷ *Id.*

¹⁸ Federal Register, 38 CFR 17, *Authority of Health Care Providers to Practice Telehealth*, May 11, 2018, <https://www.federalregister.gov/documents/2018/05/11/2018-10114/authority-of-health-care-providers-to-practice-telehealth>.

¹⁹ Rep. Buddy Carter, Press Release on Testimony before the House Veterans' Affairs Committee, September 11, 2019, <https://buddycarter.house.gov/news/documentsingle.aspx?DocumentID=6325>.

²⁰ Rep. Buddy Carter, Press Release, *Carter Introduces Bill to Improve and Increase Access to Telemedicine for Veterans*, Jun. 12, 2019, <https://buddycarter.house.gov/news/documentsingle.aspx?DocumentID=6122>.